NOV 15 1937

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Boone — Registration District No.: 731 — File No.: 37086
Township: — Primary Registration District No.: 3006 — Registered No.: 242
City: Columbia (No. 125 Alexander St. Ward)

2. FULL NAME: Amanda Alice McBaine
(a) Residence, No. 125 Alexander St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jessie T. McBaine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-1-1856
7. AGE: Years 80 Months 10 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Boone County Missouri

FATHER
13. NAME: James Wilhite
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Amanda Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Jessie T. McBaine, Columbia, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: New Providence DATE: 10-31, 1937
19. UNDERTAKER (ADDRESS): Parker Furniture Co, Columbia, Mo.
20. FILED 10/30/1937 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935 to 10-29-, 1937
I last saw h. alive on 10-23-, 1937 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis | |
| Do not know | |
| BC | |

Other contributory causes of importance:

| | |
|---|---|
| Cardiac Asthma | |
| | 10-20-37 |

Name of operation: None Date of:
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. D. Dyer, M. D.
(Address) Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.